Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966366	A. BUILDING: ____ B. WING ____	C 11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWN COURT	109 NORTH SEMINOLE AVENUE INVERNESS, FL 34450

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced complaint investigation (complaint numbers 2025016432 and 2025015029) was conducted at Crown Court on . Deficiencies were identified during the survey.	A 000		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff	A 056		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 056	Continued From page 1 who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a	A 056		

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A 056	Continued From page 2 label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to make reasonable effort to ensure that prescriptions for residents who received assistance with self-administration of medication are refilled in a timely manner for 1 (Resident #6) out of 6 resident records reviewed. Findings include: During an interview on at 12:32 PM, Resident #6 stated "I have had a problem of running out of my , , medication. I told them I needed more on after I got my , medication, and I have gone two days without my , , . I am an avid reader and my eyesight is very important to me." During an interview on at 2:10 PM, Staff C, Medication Technician (MT) stated "I am familiar with [Resident #6's name] and yes, she does take , medication. Upon opening the medication cart, Staff C stated, "Her , drops are not here." Staff C opened ALIS (the electronic medication record) for Resident #6 and stated	A 056		

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A 056	Continued From page 3 that Resident #6 did not receive her , , [Lumigan Solution 0.01%] at bedtime (7 PM) on Saturday, or Sunday, as ordered. Staff C stated the record also indicated the medication as being "on order" as noted by Staff B, Medication Technician for 11/8/2025 at 6:29 PM and at 6:22 PM. During an interview on at 2:15 PM, with Staff B and Staff C, Staff B stated when asked if the , , were all used up, "Yes, she received her , on Friday and I ordered them. I checked and the , container was empty before it was discarded. I noted the , as ordered on and and stated the resident did not receive her , , on Saturday or Sunday." When asked who supplies the medications, Staff C replied, "All the residents except for two get their medications from [name of medication supplier] and two other residents get their medications from the Veteran Administration." When asked what days medications are delivered Staff C stated, "Monday through Friday." When asked if medications are delivered on weekends, Staff B and Staff C both replied "no." When asked if the physician or your manager was notified that the medication was not available to be given as ordered, Staff B stated "no." During an interview on at 2:38 PM, the Medication Coordinator stated "I was not notified and the pharmacy said she is not due for a refill until the 17th. The insurance company needed to be notified and explained the need to get the prescription filled. This should have been reported to me. We do have medication deliveries on the weekend days." Record review of physician order for Resident #6	A 056		

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A 056	Continued From page 4 documented it read, " Issue Date: Prescriber: [Provider's name] Lumigan Sol 0.01%; Route: (, , internal); Assistance; Instructions: Instill 1 drop into both , at bedtime." Record review of Resident #6's medication assistance record did not have any documentation that the pharmacy coordinator or prescriber was notified that the medication was not available for assisting the resident to administer for two days resulting in missed medication doses for , and Record review of facility policy "Medication Management Plan" with last review date of , , 2025, reads " Purpose: This policy outlines the responsibilities procedures and guidelines for Certified Medication Technicians (CMT) to ensure safe efficient and compliant medication management within the assisted living facility (ALF) in accordance with the Florida Agency for Healthcare Administration (AHCA) and Aspen regulations. e. CMTs are responsible for assisting with self-administration of medications as prescribed by a licensed healthcare provider f. They must adhere to the "Five Rights of Assistance with Self Administration of Medication": Right Patient, Right Medication, Right Dose, Right Time, and Right Route. g. CMT's must document Assistance with Self Administration of Medication accurately and promptly in the resident's medication observation record (MOR). Handling Medication Errors: c. If a medication error occurs, CMT immediately reports it to the supervising lead MT, manager or licensed healthcare professional. D. Follow facility procedures for reporting and documenting the error.	A 056		

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A 056	Continued From page 5 Class III	A 056		